

# THE INDUSTRIAL COMMISSION OF ARIZONA

## LABOR DEPARTMENT

### Application for Employment Agency License

All questions must be answered by the applicant for a License.

1. Applicant's Name \_\_\_\_\_
2. What other names have you used? \_\_\_\_\_
3. Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Applicant's Number & Street Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. How long at the above address? \_\_\_\_\_ Phone: \_\_\_\_\_
6. If less than five years, previous home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
7. When did you establish residency in Arizona? \_\_\_\_\_
8. (Disclosure of the following information is voluntary. The information will be used to fulfill the requirements of R20-5-308 of the Rules and Regulations Governing Private Employment Agencies to investigate the management and ownership of a proposed agency.)  
Social Security Number \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
College attended \_\_\_\_\_ Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Military Branch \_\_\_\_\_ Dates \_\_\_\_\_ Type of Discharge \_\_\_\_\_

#### 9. APPLICANT'S EMPLOYMENT HISTORY:

List all employment or business association in chronological order beginning with current employment. PLEASE INCLUDE COMPLETE NUMBER & STREET ADDRESSES, INCLUDING ZIP CODES, OF FORMER EMPLOYERS SO THAT THE DEPARTMENT MAY SEND REFERENCE REQUESTS. INCOMPLETE INFORMATION COULD DELAY YOUR APPLICATION. You may include any volunteer work which was of more than one year's duration. Use additional page if necessary. Please check the last column if you DO NOT WISH THE EMPLOYER TO BE CONTACTED.

Employer & Complete Address	Your Position	Dates of Employment	Reason for Termination	Do Not Contact
1.				
2.				
3.				
4.				
5.				
6.				
7.				

(Use Additional page, if necessary.)

10. PERSONAL REFERENCES:

List the names and complete street and number addresses, including zip codes, of at least three other persons, NOT former employers, or relatives, preferably residents of Arizona who have known you for two years or more.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known \_\_\_\_\_  
Number & Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known \_\_\_\_\_  
Number & Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known \_\_\_\_\_  
Number & Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ How long known \_\_\_\_\_  
Number & Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

11. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? \_\_\_\_\_  
If yes, give details including trial date and location, and sentence imposed by Courts: \_\_\_\_\_  
\_\_\_\_\_

12. Have you had a final judgment issued against you in a civil action on account of fraud, misrepresentation or deceit. If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

13. Have you ever been licensed as an employment agent in the State of Arizona? \_\_\_\_\_  
If yes, what was the name of your agency and the dates you were licensed? \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever been licensed as an employment agent in another state? \_\_\_\_\_  
If yes, what was the name of your agency? \_\_\_\_\_  
Dates licensed \_\_\_\_\_ State \_\_\_\_\_

15. Were any complaints filed against the agency? \_\_\_\_\_ If yes, give  
details on the date, nature and disposition of any adversely adjudicated complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Has your agency or any agency you have been involved with had the license suspended or revoked by this state or any other state? \_\_\_\_\_ If yes, what was the name of the agency, the date, the state licensed in and the reason? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever been denied in the application of any employment agency by this or any other state? \_\_\_\_\_  
If yes, what was the name of the proposed agency, the date, the state where you applied and the reason denied? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. List any other experience in the employment agency business (include name of agency, complete number & street address including city, state, zip code, and dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What is the name and the trade name under which you propose to do business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What is the proposed location of this business?

\_\_\_\_\_

21. Will the agency have any branches or separate locations? \_\_\_\_\_ Include all addresses:

\_\_\_\_\_

\_\_\_\_\_

22. List any divisions or other names to be used in connection with the name or trade name:

\_\_\_\_\_

\_\_\_\_\_

23. List any abbreviated name or trade name to be used. INITIALS CANNOT BE USED PER A.A.C. R20-5-326.

\_\_\_\_\_

24. Will the proposed business be:    a sole proprietorship \_\_\_\_\_  
   a partnership \_\_\_\_\_  
   a corporation \_\_\_\_\_  
   a franchise \_\_\_\_\_

If a corporation, list the corporate officers, their titles and address:

Name	Title	Complete Address

List the names of all persons and corporations having a financial interest in the proposed agency and explain their role and percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Check the types of personnel the proposed agency will service.

Professional _____	Baby-sitters _____
Technical _____	Domestics _____
Clerical _____	Artists _____
Skilled _____	Musicians _____
Semi-Skilled _____	Models _____
Unskilled _____	Talent _____
Nurses/LPN's _____	Other _____
Teachers _____	
EXPLAIN "Other": _____	

26. Will the proposed agency charge fees? \_\_\_\_\_

(a) Exclusively to applicants? \_\_\_\_\_  
(b) Exclusively to employers? \_\_\_\_\_  
(c) Both to applicants and employers? \_\_\_\_\_

27. Do you intend to comply with the provisions of A.R.S. §23-527:

- (a) By submitting a surety bond in the amount of \$5,000.00 before the application is considered by the Advisory Council: \_\_\_\_\_ or  
(b) By submitting a \$1,000.00 cash deposit before the application is considered by the Advisory Council and replacing this with a surety bond in the amount of \$5,000.00 or an additional cash amount of \$4,000.00 prior to the issuance of the license?

28. In addition to the applicant for the license, list the names of all partners and other individuals who will be involved in the management and supervision of the proposed agency or any of its branches or divisions?

NOTE: Such individuals must complete a Supplemental Application.

29. Do you have workers compensation insurance? \_\_\_\_\_

If yes, please provide the following:

Insurance Carrier's Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

Insurance Agent's name, address and telephone number: \_\_\_\_\_

If you do not have worker's compensation insurance, please explain why: \_\_\_\_\_

30. If granted a license, do you agree to perform faithfully all acts and duties to comply with the terms, conditions, provisions and requirements set forth in Arizona Revised Statutes 23-521 through 23-536, and with any and all pertinent Rules adopted by the Industrial Commission of Arizona? \_\_\_\_\_

31. Do you hereby authorize the Labor Department to conduct the investigation of this application required by R20-5-308 of the Employment Agency Rules? \_\_\_\_\_

Note: It is a felony to knowingly file a false or forged instrument with a Public Office in this State (A.R.S. §39 -161).

**AFFIDAVIT:**

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including any accompanying attachments are true, complete and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTARIZATION:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
19 \_\_\_\_\_.

My Commission expires on :

\_\_\_\_\_  
Notary Public